



West Irondequoit Central School District

321 LIST AVENUE
 ROCHESTER, NEW YORK 14617
 Telephone: (585) 342-5500
 FAX: (585) 266-1556
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APPLICATION for ABSENTEE BALLOT

Date of Vote: December 10, 2024

Name (Please Print): _____

District Address: _____

City: _____ Zip Code: _____

The undersigned applicant certifies as follows:

That I reside at the above specified address; I am or will be, on the day of the school district vote specified above, a qualified voter of the West Irondequoit Central School District. I am or will be, on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty (30) days preceding the date of such vote.

I will be unable to appear to vote in person on the day of the school district vote for which the absentee ballot is requested for one of the following reasons:

Check one: (A), (B), (C), (D), or (E) and complete where applicable.

(A) _____ Illness	because I will (1) _____ be a patient in a hospital; or (2) _____ be unable to appear personally at the polling place on such day because of illness or physical disability.
(B) _____ Work/Studies	because my duties, occupation, business or studies will require me to be outside the county of my residence on such day. My duties, occupation, business or studies (list complete school address) ordinarily require my absence and are as follows: _____ or My duties, occupation, business, or studies are not of such a nature as ordinarily to require my absence from the county of my residence, but the special circumstances for which such absence is required are as follows: _____

(OVER)

<p>(C) _____ Vacation</p>	<p>because I will be on vacation outside my county of residence on such day from _____ to _____</p> <p>WHERE on vacation: _____</p> <p>Employer, if any: _____</p> <p>Employer address: _____</p> <p>Are you self-employed or retired?: (Yes) _____ (No) _____</p>
<p>(D) _____ Incarcerated</p>	<p>because I am (1) _____ being detained in jail awaiting action by a grand jury or awaiting trial;</p> <p>(2) _____ being confined in prison after conviction for an offense other than a felony.</p>
<p>(E) _____ Caregiver</p>	<p>because I am a qualified voter who is a</p> <p>(1) _____ spouse</p> <p>(2) _____ child</p> <p>(3) _____ parent</p> <p>of _____ who is a qualified voter and who is entitled to, and has applied for, the right to vote by an absentee ballot vote and I will be accompanying that qualified voter on the date of the school district vote.</p>

I HEREBY DECLARE THAT THE FOREGOING IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT IF I MAKE ANY MATERIAL/FALSE STATEMENT IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOT, I SHALL BE GUILTY OF A MISDEMEANOR.

DATE

SIGNATURE OF VOTER (Applicant)

PHONE

THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE VOTE IF THE BALLOT IS TO BE MAILED TO THE VOTER, OR THE DAY BEFORE THE VOTE, IF THE BALLOT IS TO BE PICKED UP PERSONALLY BY THE VOTER. ABSENTEE BALLOTS CANNOT BE TRANSMITTED VIA E-MAIL OR FAX.